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Atty Dkt No. PP0038.105
 USSN: 08/823,980
 PATENT

No. of Claims After Amendment			Most Claims Previously Paid	=	Extra Claims			Additional Fee	
A. Total Claims		-		=		x	\$18	=	\$
B. Ind. Claims		-		=		x	\$84	=	
C. If amended to contain multiple dependent claims, add 280							\$280	=	\$
D. Total Amendment Fee (Total of A, B & C)								=	
E. If small entity, 50% reduction of Total Amendment Fee (50% of D)								=	
F. Total Amendment Fee (D minus E)								=	\$

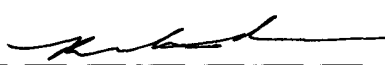
___ A check for \$ to cover the extension of time fee and extra claims fee
 is attached.

___ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37
 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit
 any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 7/16/03

By: 
 Roberta L. Robins
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 Attorney for Applicants

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